

| CLAIMS ONLY | | | | | | | Application Number <div style="font-size: 1.2em; font-family: cursive;">10 7840 41</div> | | Filing Date <div style="font-size: 1.2em; font-family: cursive;">2-20-4</div> | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|--|--------|--|
| | | | | | | | Applicant(s) | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
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| Total Indep | 4 | | | | | | Total Indep | | | | |
| Total Depend | 16 | | | | | | Total Depend | | | | |
| Total Claims | 20 | | | | | | Total Claims | | | | |